

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Greenwood, S.C.</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		4490	
Township of		Registration District No.		Registered No. (For use of Local Registrar)	
or Inc. Town of <u>1961 S.C.</u>		(No. St. Ward)			
or City of		(If birth occurs in a hospital or other institution, give name of same instead of street and number.)			
(2) Full Name of Child <u>Henry Lee Jackson</u>		if child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Feb 20 1922</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>John Lee</u>			(14) NAME BEFORE MARRIAGE <u>Clattie Jackson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>11961 S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>11961 S.C.</u>		
(10) COLOR OR RACE <u>Blk</u>			(16) COLOR OR RACE <u>Blk</u>		
(11) AGE AT LAST BIRTHDAY			(17) AGE AT LAST BIRTHDAY		
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farm</u>			(19) OCCUPATION <u>Farm work</u>		
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive & fullborn</u> at <u>4 P.M.</u> , on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)					
(23) (Signature) <u>Charles Aines</u>					
(24) State whether Physician or Midwife <u>midwife</u>					
(25) Address of Physician or Midwife <u>11961 S.C.</u>					
Given name added from a supplemental report			(26) Witness <u>E. L. Griffin</u> (Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Feb 24 1922</u> (28) <u>E. L. Griffin</u> Registrar Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.